

## Dental Benefits for SPOC Members

### Plan Provisions

Below is a general description of your group coverage. It describes the basic provisions of the plan featuring the available benefits and the amount of money that both you and Delta Dental are responsible for paying.

Benefit	Percentage Delta Dental Pays	Deductible	Coinsurance
<b>Check-ups and Teeth Cleaning</b> <i>Important Note:</i> There is a limit of 2 routine visits per member per benefit period. A routine visit includes: <ul style="list-style-type: none"> <li>Dental Cleaning</li> <li>Oral Examination</li> <li>Fluoride Applications (once every 6 months)</li> </ul> X-Rays <ul style="list-style-type: none"> <li>Bite-wing (once in any 12 month interval)</li> <li>Full-mouth (once in any 3 year interval)</li> </ul>	100%	No Deductible	No Coinsurance, Delta Dental will pay 100%
<b>Cavity Repair and Tooth Extractions</b> <ul style="list-style-type: none"> <li>Emergency treatment for relief of pain</li> <li>Regular cavity fillings (amalgam, stainless steel crowns, synthetic porcelain and plastic fillings)</li> <li>Oral Surgery (tooth extractions and other oral surgery, including pre- and post-operative care)</li> </ul>	50%	No Deductible	You are required to pay 50%
<b>Sealant Applications</b> <ul style="list-style-type: none"> <li>For eligible, dependent children under the age of 15</li> <li>Once per permanent first and second molar in a lifetime</li> </ul>	100%	No Deductible	No coinsurance. Delta Dental will pay 100%

<b>Benefit</b>	<b>Percentage Delta Dental Pays</b>	<b>Deductible</b>	<b>Coinsurance</b>
<b>High Cost Fillings, Root Canals, Gum and Bone Diseases (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Gold fillings when other filling materials cannot be used</li> <li>Non-Surgical treatment for gum disease</li> <li>Root canal fillings</li> </ul>	50%	No Deductible	You are required to pay 50%
<b>Dentures and Bridges*</b> <ul style="list-style-type: none"> <li>Bridges, partial dentures, and complete dentures (No coverage for lost or stolen dentures)</li> </ul>	50%	\$25 per member, per calendar year	You are required to pay 50%
<b>Teeth Straightening</b> <ul style="list-style-type: none"> <li>Treatment necessary for the proper alignment of teeth</li> <li>Limited to unmarried dependent children under a family contract</li> </ul> <p>Lifetime max: Delta Dental will pay up to \$1,000 per eligible member per lifetime.</p>	80%	\$50 per member, per calendar year	You are required to pay 20%
<b>Gum and Bone Disease (Surgical)</b> <ul style="list-style-type: none"> <li>Surgical procedures necessary for treatment of diseases of the gums and bone supporting the teeth</li> </ul>	50%	\$25 per member, per calendar year	You are required to pay 50%

**\*Denture Replacement:**

The replacement of dentures is covered only when medically necessary and not more than once every 5 years.

The Plan pays up to \$750 per person per year.